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BRIGG URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

- 1961 -

Public Health Department,
BRIGG URBAN DISTRICT COUNCIL

BARTON-ON-HUMBER.

Members of the Health Committee.

Chairman

Councillor F.G. Atton.

Mr. Chairman, Gentlemen,

Councillors	R.H. BARNARD	Councillors	T. MORGAN
	D. COOPER		J. MORRIS
	S.D. CURTIS		E. TAYLOR
	R.S. HORSTEAD		J. WATTAM

J. S. Robertson, M.B., Ch.B., M.R.C.S., D.P.H., D.I.H.

Office:- 50, Holydyke, Barton-on-Humber.

(Telephone: Barton-on-Humber 3154).

Clerks:- Mrs. M.H. Akester, Mrs. M.M. West.

PUBLIC HEALTH INSPECTOR

G.F. Hawkins, Cert. P.H.I.B., C.R.S.H. (meat), M.A.P.H.I.

Office:- Town Hall, Brigg.

(Telephone: Brigg 2257).

Clerk:- Mrs. M. O'Neill.

Public Health Department,

50, Hollydyke,

BARTON-ON-HUMBER.

August, 1962.

Mr. Chairman, Gentlemen,

Ever since I came to this district I have had to comment each year upon the high death rate for Brigg in my Annual Reports, and last year I found so great a discrepancy between the Registrar General's figures and those compiled in my office that I gave in my Annual Report two sets of figures and rates - one based upon the Registrar's return, and one based on local statistics.

This year there is again a discrepancy between the number of deaths attributed to the town by the Registrar General, and the number ascertained from death notifications and "transfers", and it has not proved possible to trace the source of this discrepancy.

In order to try to prevent such discrepancies in future, a new system of cross checking outward transfers has been introduced. Since such discrepancies between the Registrar's figures and those compiled in my office do not occur in either the Barton-on-Humber or the Glanford Brigg R.D.C. statistics, it seems possible that they arise in some way from the presence in Brigg of the Geriatric Hospital and the old persons' hostel. Many of the inmates of these Institutions, however, come from Glanford Brigg area, and if deaths were being incorrectly transferred one would expect some excess in the local figures for the Rural District. In fact, they tally completely in regard to number with the Registrar's figures.

In spite of this unexplained discrepancy between the local and Registrar's figures, the death rate for Brigg has for the first time since I took up office, fallen to a figure comparable with that for England and Wales. I do not think that this should be interpreted as indicating any real improvement in the health of the district, however, but is probably due to the fact that 1961 was a census year, and consequently the rate has been based upon a true population, which is considerably in excess of the estimated mid-year populations for the previous years.

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or had even I to take sight of one I could not
leisurely at such low rates, though many were very good
and needed no more than a dozen or two. I have had
I think nothing to sit before since I have been in England, and
I have had - except one which I might be allowed to sit over with pleasure -
nothing but what has enough to sit over with pleasure -
nothing but what has enough to sit over with pleasure -

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During 1961 there were no less than 98 live births in the town - far the biggest number of which I have record. The excess of births over deaths or "natural increase" in population was 39, and the birth-rate was 20.2. There were no stillbirths and no infants died. This is an excellent record upon which the doctors and midwives are to be congratulated. Regrettably, this favourable situation will not recur in 1962, for already there have been a number of infant deaths in the town.

As you may remember, for many years now the neighbouring town of Barton has had far less favourable rates than has Brigg, and in investigating possible causes of the excess of stillbirths in Barton, I found that a protozoal infection called Toxoplasmosis was a possible cause. Subsequent tests on children showed an unusually high incidence of positive dye test for this infection in Barton children, and the distribution of positive dye test by age suggested that the children were experiencing infection after birth. They appeared to be unharmed by it.

In 1961, a similar survey of Brigg children was undertaken in the expectation that all would be negative to this test. Greatly to my surprise, a very high proportion were found to have positive tests. All the children were quite unharmed by the infection, but analysis of the results suggests that in 1961 an outbreak of the infection may have occurred in Brigg, possibly during the late summer. Although normally a harmless and mild infection when acquired after birth, toxoplasmic infection of an expectant mother can harm an unborn baby. Some risk to babies conceived in 1961 was therefore felt to exist, and an attempt was made in early 1962 to arrange for special blood tests of expectant mothers so that prophylactic treatment could be offered where indicated. Unfortunately it only proved possible to test a small proportion. An attempt will be made to ascertain whether this infection could have been responsible for stillbirths and infant deaths in 1962. The figures for the survey of Brigg children suggest that the outbreak in 1961 was so extensive that most girls of reproductive age may now be immune, and if the prevailing theory about this disease is correct, no similar trouble should be experienced in the next few years. From 1963 onwards we may again be blessed with favourable Infant Mortality statistics. There is, therefore, no cause for alarm on the part of the public, for by the time this report is published, all danger to babies resulting from the outbreak of toxoplasmic infection in 1962 should be over.

During 1961 the town experienced an epidemic of measles, 140 cases being notified. In addition, 3 cases of pneumonia, 2 of pulmonary tuberculosis, 2 of whooping cough, and 1 of dysentery were notified. It is usual for measles epidemics to occur in alternate years, and there is therefore nothing surprising about the situation in 1961. The Council made an order under the Public Health Act rendering three new diseases, Leptospirosis, Brucellosis, and Jaundice, locally notifiable for a period of 3 years from July 1st 1961.

Work on the new Sewage Works progressed well, and the new plant was put into operation before the end of the year. Some work still remained to be done but the whole scheme should be completed during 1962, and should result in considerable improvement in the quality of the effluent.

Neither of the town's slaughterhouses was brought up to the new standards by the agreed date of June 30th, 1961. Consequently there is temporarily no licenced slaughterhouse in the town. It is to be hoped that either one of the existing slaughterhouses will eventually be brought up to standard, or a new one built.

Slum clearance was on a most inadequate scale during 1961, partly due to the small number of new houses built, and partly because a considerable number of properties represented for clearance or demolition in previous years have not yet been dealt with. It is most desirable that housing and slum clearance programmes be better co-ordinated, as the substandard houses deteriorate, and owners are naturally unwilling to spend money repairing houses which they know are due to be dealt with in the slum clearance programme. It is therefore desirable that action be completed as quickly as possible after a property has been represented as unfit.

The town's main water supply was satisfactory throughout the year and details of water samples from the North Lindsey Water Board's sources which supply Brigg are included elsewhere in this report. A small private source supplying water for some industrial and domestic premises gave trouble during the year, but alterations were made at the source to reduce the risk of pollution.

Chemically, the quality of water supplied by the North Lindsey Water Board is good. The excessive hardness present in the raw water is modified by partial softening, and although there is some doubt as to the ideal amount of hardness for a public water supply, the water as distributed appears to be a good compromise. Recently associations found between mortality from various diseases and the softness of drinking water supplies have been discovered. The significance of these findings is not yet fully understood, and we do not know whether these relationships are causal.

There is, however, no evidence to suggest that an artificially softened supply with 60 to 80 ppm of hardness such as is distributed by the North Lindsey Water Board is harmful. The relationship to cancer of the stomach is with upland surfact water supplies, and such water differs greatly in character from the softened water in this area. The relationship between soft water and cardiovascular diseases found last year by Professor Morris may mean that it is not wise to soften water too much, but it is too early to alter the composition of our own water yet.

The only serious fault in the chemical composition of our water supply is the serious lack of fluoride in it. Each year since I came to this area I have felt obliged to mention this since it has been known now for some years that unless water contains about 1 part per million of fluoride, the teeth of children reared in the area are liable to decay. A vocal minority of people in this country, in the U.S.A. and in New Zealand, have opposed the artificial fluoridation of public water supplies, on the grounds that it is a poison, might be harmful to health, or that its addition to public supplies infringes the freedom of the individual. The demonstration fluoridation areas in England have now been in operation for 6 years, and neither from them, nor from districts where optimal concentration of fluoride occur naturally, has it proved possible to detect any harmful effects upon health. Like other related chemicals, fluorine is needed by the body in small amounts, but is harmful in large quantities. Chemically it belongs to the same group as iodine, and as you know deficiency of iodine in our diet causes goitre; a sort of swelling of the thyroid gland. Excessive intake of iodine, however, is harmful and causes a rash resembling acne to appear. In concentrations above 4 parts per million fluoride causes a mottled discoloration of teeth, but the teeth are strong and resist decay.

In concentrations of about 15 to 30 ppm. prolonged ingestion can cause stiffness of the spine due to spiky outgrowths of dense bone. However, in the low concentration of 1 part per million, the presence of fluoride ions enables the body to build strong, healthy teeth and bones without harming health.

In view of the national shortage of dentists, it will soon become an urgent necessity that we should do all in our power to preserve childrens' teeth. By far the most effective way known today is the fluoridation of public water supplies. It is to be hoped that the publication of the results of the first five years investigation into the Demonstration areas will result in governmental action to encourage the introduction of fluoridation in those areas where the public supply is deficient in this material. When the government give a lead on this we should be prepared to press for this improvement in our own area at once. Anyone who has looked at the teeth of a few hundred children in any of our local schools will agree that the need for fluoridation in this area is urgent.

The announcement by the Sheffield Regional Board of their intention to build a new maternity unit at Scunthorpe and to close the maternity beds at the Glanford Hospital, Brigg, received a mixed reception. Not unnaturally we all want to have our cake and eat it! A proper consultant obstetrical unit with enough beds to employ a registrar is urgently needed in this area, and would result in a marked improvement in our obstetrical services. The proposal of the Regional Board to build such a unit has been welcomed by everybody. However, the proposal to close the small unit at Brigg when the new unit at Scunthorpe opens, provoked bitter opposition in many quarters. The rate of growth of population and high birth rate in and around Scunthorpe may well justify retention of additional beds, and the feeling amongst the doctors in the area is that it would be far better to turn the unit at Brigg into a General Practitioner Unit than to close it. Retention of this unit should only be supported if admission to it were restricted to what one might term "low risk" cases, whose booking at hospital was on social and not on medical grounds. Provided such units only accept cases of this type, they can do an excellent job, as the figures given by Stallworthy for G.P. Units in the Oxford area show.

If all the maternity beds for the area were to be concentrated in one unit at Scunthorpe, it will mean that only those doctors who live and practice in that town will be able to undertake any institutional midwifery. Those who live in the Brigg and Barton

areas will not be able to look after those of their patients who require hospital confinement on social grounds. This is an unsatisfactory feature of our present arrangement, which ensures that the person who conducts the delivery is not the same person who has undertaken the ante-natal care. Provision of Open General Practitioner beds at Brigg would go some way towards ensuring continuity of care, and would also increase the contacts between practitioners and consultant obstetricians, with possible consequent improvement in the skill of the doctors. An additional advantage of retaining the Brigg Maternity beds is that many women prefer to go there because of its small size and friendly atmosphere. Since it is sometimes hard to persuade women that their homes are unsuitable, and they should enter hospital, when they know that their families will find it too difficult to visit the Scunthorpe hospital, the retention of the Brigg unit might also make it easier to ensure that such cases were admitted, and so could help to reduce perinatal mortality.

The Report of the Committee of the Royal College of Obstetricians and Gynaecologists on General Practitioner Maternity Units did not favour the incorporation of such units in the building of the main specialist unit, disagreed with a former Committee's recommendation that units should have twenty-five beds, and claimed that smaller units should be provided where populations are small. Arguments against such small units on grounds of lack of efficiency had not been substantiated, and many achieved a high standard of performance. Losses in economy were offset by gains in human relations. They stipulated in detail the criteria for admission to small General Practitioner Units, restricting them to women under the age of thirty-five who are expecting second, third or fourth babies, and who are otherwise healthy and normal, and women below the age of thirty expecting first babies if they are more than five feet tall, and are not suffering from certain diseases, are not too fat, and whose babies are the right way up!

The strongest argument against retaining a unit at Brigg subject to these conditions is that the number of such cases in the area which this unit would serve, might be too small to justify its existence. These criteria would exclude some 40% of all expectant mothers from the unit, and another 30% may be expected to be confined in their homes. Retention of this unit is therefore likely to be dependent upon the population of the Brigg area in six years time, and the annual number of births in the area.

In November, 1961, representatives of the Sheffield Regional Hospital Board met representatives of local authorities and of the medical profession at Scunthorpe to hear our views on their proposals, but neither side was able to convince the other.

In addition to their concern regarding the future of the Maternity Unit at the Glanford Hospital, many Brigg people, and particularly members of the Council, do not wish the rest of the hospital to become a geriatric unit. They would much prefer to see the Board's former intention of making it into a General Practitioner or "Cottage" hospital carried out. Of the 12 General Practitioners within six miles of the hospital, 9 have stated that they would welcome such a proposal. It is, however, quite contrary to the general trend and to the intention of the Government as expressed in the new Hospital plan.

General Practitioner hospitals can play a valuable role, and tend to stimulate higher standards of skill among the doctors who work in them. They cannot, however, provide as high a standard of care for the patient as can a large general hospital with elaborate diagnostic facilities, resident medical staff, and the specialised consultant staff. For this reason, and because with the rapid advances in medical knowledge of recent years specialties have become narrower and more numerous, so that only relatively big hospitals serving big populations could provide a full service, the hospital plan foresees the end of the small hospital and the building of one large District General Hospital in each centre of population large enough to support one.

The advantages of doing this in providing a really first-rate consultant service are very great, but there is a danger that this policy may adversely affect the quality of general practice. There has been some concern recently about the small proportion of General Practitioners who take refresher courses to keep their knowledge up to date. No one man can read all the specialised medical journals and keep really up to date in all branches of medicine. Contact with consultants at hospital or at domiciliary consultation plays a considerable part in keeping practitioners informed about new advances.

There have been recommendations that General Practitioners should be brought into the hospitals to work part-time as clinical assistants with the dual purpose of easing the hospital staffing situation and of giving the practitioners the opportunity to

learn more from the consultants. The demands made upon them by their practices, however, make such arrangements very difficult, because unless he is in a group practice, a doctor may be called out to deal with an emergency in his practice at any time, and cannot be relied upon to be free for a routine duty at a hospital. Hospital patients, just like domiciliary patients, require some continuity of medical care. Doctors who work in group practice can, of course, arrange for a partner to cover for them while they work at the hospital, but they are not the ones who need this most, for they learn from each other in discussing cases. One advantage of a "Cottage" Hospital is that it enables single-handed practitioners who use it to learn from each other, and from visiting consultants when they meet there, and doctors from the more isolated places could do this at local Cottage Hospitals.

One way of securing these advantages without incurring the disadvantages of Cottage Hospitals, might be to provide Health Centres run jointly by the three branches of the Health Service where General Practitioners could have surgeries, local authorities run clinics, and hospital consultants hold out-patient consultations. If these were situated in premises used also as geriatric or maternity hospitals where nursing staff was maintained, it would be possible to keep a few beds for General Practitioner's use for cases not requiring elaborate investigation or treatment, and whose admission was necessary on social rather than medical grounds. There is, therefore, room for a compromise solution in any negotiations between the representatives of local interests and the Hospital Board.

It is likely to be at least six years before the completion of the new building at Scunthorpe enables the board to change the use of the Glanford Hospital. One cannot foresee what changes will occur in that time, which may alter the needs of the district or the attitudes of all concerned. In this time we should seek an acceptable solution to this controversy. Perhaps during it the proper role of the General Practitioner in the Health Service will become more clearly defined, and the solution the simpler to find.

I am indebted to Mr. Hawkins for the details of work done by the Public Health Inspector, and for his assistance during the year.

I am,

Your obedient servant,

J. S. ROBERTSON

Medical Officer of Health.

VITAL STATISTICS.

	1959	1960	1961
Mid-year population	4,480	4,540	4,860
Live Births	89	76	98
Stillbirths	1	2	0
Infant Deaths under 4 weeks of age	1	2	0
Total Deaths	83	73	59

	Legitimate			Illegitimate			Total
	Male	Female	Total	Male	Female	Total	
Live Births	42	49	91	4	3	7	98
Stillbirths	-	-	-	-	-	-	-
Infant Deaths under one year of age	-	-	-	-	-	-	-

	1960	1961	England and Wales 1960
Crude Birth Rate	16.7	20.2	17.2
Corrected Birth Rate	16.7	20.2	(17.2)
Stillbirth Rate	25.6	0.0	20.0
Infant Mortality Rate	26.4	0.0	22.0
Legitimate Infant Mortality Rate	14.1	0.0	22.0
Neonatal Mortality Rate	26.4	0.0	15.5
Perinatal Mortality Rate	38.5	0.0	33.0
Illegitimacy Rate	6.6	7.7	5.4
Crude Death Rate	16.4	12.1	11.5
Corrected Death Rate	13.6	11.05	(11.5)

These corrections take account of the different proportions of old and young people in the area, and make the resulting rate comparable with that for England and Wales. Thus a resort to which old people retire would have a high crude rate, but a low comparability factor would correct the false impression that this was an unhealthy area. The comparability factor for births in Brigg is 1.00 and for deaths 0.91.

CAUSES OF DEATH IN THE DISTRICT DURING THE YEAR 1961.

This table gives the causes of death in accordance with the abbreviated list of 36 groups of the World Health Organisation Nomenclature Regulations, 1948.

	Causes of Death				Male	Female
1.	Tuberculosis, respiratory	..	..	..	..	-
2.	Tuberculosis other	..	..	..	..	-
3.	Syphilitic disease	..	..	..	..	-
4.	Diphtheria	..	..	..	..	-
5.	Whooping Cough	..	..	..	..	-
6.	Meningococcal infections	..	..	..	..	-
7.	Acute Poliomyelitis	..	..	..	..	-
8.	Measles	..	..	..	..	-
9.	Other infective and parasitic diseases				..	1
10.	(Malignant neoplasm, stomach	..	..	..	..	-
11.	(Malignant neoplasm, lung, bronchus	..			..	2
12.	x (Malignant neoplasm, breast	..	..	..	..	2
13.	(Malignant neoplasm, uterus	..	..	..	..	-
14.	(Other Malignant & Lymphatic neoplasms				..	2
15.	Leukaemia, aleukaemia	..	..	..	..	-
16.	Diabetes	..	..	..	..	-
17.	Vascular lesions of nervous system				..	5
18.	Coronary disease, angina	..	..	..	..	3
19.	Hypertension with heart disease	..	..	..	..	1
20.	Other heart disease	..	..	..	..	1
21.	Other circulatory disease	..	..	..	..	1
22.	Influenza	..	..	..	..	-
23.	Pneumonia	..	..	..	..	1
24.	Bronchitis	..	..	..	..	1
25.	Other diseases of the respiratory system				..	-
26.	Ulcer of the stomach and duodenum	..			..	1
27.	Gastritis, enteritis and diarrhoea	..			..	-
28.	Nephritis and nephrosis	..	..	..	..	-
29.	Hyperplasia of prostate	..	..	..	..	-
30.	Pregnancy, childbirth and abortion	..			..	-
31.	Congenital Malformations	..	..	..	..	-
32.	Other defined and ill-defined diseases				..	3
33.	Motor vehicle accidents	..	..	..	..	1
34.	All other accidents	..	..	..	..	3
35.	Suicide	..	..	..	..	-
36.	Homicide and operations of war	..	..	..	..	-
Total:					31	28

x Malignant neoplasm means cancer.

CAUSES OF DEATH AT VARIOUS PERIODS OF LIFE.

	<u>Age in years.</u>					
	0-1	1-14	15-49	50+		
<u>Infectious Diseases.</u>						
Tuberculosis, respiratory	-	-
Tuberculosis, other	-	-
Syphilitic disease	-	-
Diphtheria	-	-
Whooping Cough	-	-
Meningococcal Infections	-	-
Acute Poliomyelitis	-	-
Measles	-	-
Other	-	-
<u>The Cancers.</u>						
Stomach	-	1
Lung and Bronchus	-	2
Breast	-	2
Uterus	-	-
Other	-	2
Leukaemia, Aleukaemia	-	-
Diabetes	-	-
<u>Cardiovascular Diseases.</u>						
Vascular lesions of nervous system	-	-	-	9
Coronary disease, angina	-	-	-	9
Hypertension with heart disease	-	-	-	6
Other heart disease	-	-	1	1
Other circulatory disease	-	-	-	-
<u>Respiratory Diseases.</u>						
Influenza	-	-	-	-
Pneumonia	-	-	1	3
Bronchitis	-	-	-	2
Other	-	1	-	-
<u>Miscellaneous.</u>						
Ulcer of the stomach and duodenum	-	-	-	-
Gastritis, enteritis and diarrhoea	-	-	-	-
Nephritis and nephrosis	-	-	-	1
Hyperplasia of prostate	-	-	-	-
Pregnancy, childbirth and abortion	-	-	-	-
Congenital malformations	-	-	-	-
Other diseases	-	-	1	6
Motor Vehicle accidents	-	-	1	-
All other accidents	-	-	-	3
Suicide	-	-	-	-
Homicide and operations of war	-	-	-	-

TABLE OF NOTIFICATIONS OF INFECTIOUS AND OTHER DISEASES BY AGE GROUPS.

Disease.	0+	1+	2+	3+	4+	5+	10+	15+	25+	45+	65+	N.K.	Total
Measles	3	9	19	21	21	64	-	-	-	-	-	3	140
Whooping Cough	-	-	-	-	-	2	-	-	-	-	-	-	2
Scarlet Fever	-	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-
Small Fox	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	-	-	-	-	1	1
Meningococcal Inf.	-	-	-	-	-	-	-	-	-	-	-	-	-
Ac. Pneumonia	-	-	-	-	-	-	-	-	-	3	-	-	3
Encephalitis Inf.	-	-	-	-	-	-	-	-	-	-	-	-	-
Encephalitis Post Inf.	-	-	-	-	-	-	-	-	-	-	-	-	-
Enteric Fever	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis Resp.	-	-	-	-	-	-	-	-	1	1	-	-	2
Tuberculosis of C.N.S.	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis Other	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	3	9	19	21	21	66	-	-	1	4	-	4	148

Food Poisoning:- Cases ascertained other than
by notification - NIL.

PARTICULARS OF IMMUNISATIONS AND VACCINATIONS CARRIED OUT IN
THE AREA DURING 1961.

Type of Immunisation or vaccination.	Under 1	1 - 4	5 - 14	15 or over.	Total
Diphtheria & Whooping Cough Immunisation.	-	-	-	-	-
Diphtheria, Tetanus and Whooping Cough Immunisation.	17	57	4	-	78
Diphtheria, Tetanus Immunisation.	-	-	2	-	2
Whooping Cough Immunisation.	-	-	-	-	-
Whooping Cough and Tetanus Immunisation.	-	-	-	-	-
Smallpox Vaccination.	40	5	1	6	52
Smallpox Re-vaccination.	-	-	2	4	6
Tetanus Vaccination.	-	-	-	-	-
Tetanus Booster.	-	-	-	-	-
Diphtheria alone (Primary).	-		1		
Diphtheria Booster.		40			

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THE AREA DURING 1961.

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Diphtheria & Whooping Cough Immunisation.	-	-	-	-	-
Diphtheria, Tetanus and Whooping Cough Immunisation.	17	57	4	-	78
Diphtheria, Tetanus Immunisation.	-	-	2	-	2
Whooping Cough Immunisation.	-	-	-	-	-
Whooping Cough and Tetanus Immunisation.	-	-	-	-	-
Smallpox Vaccination.	40	5	1	6	52
Smallpox Re-vaccination.	-	-	2	4	6
Tetanus Vaccination.	-	-	-	-	-
Tetanus Booster.	-	-	-	-	-
Diphtheria alone (Primary).	-		1		
Diphtheria Booster.		40			

POLIOMYELITIS VACCINATION.

-14-

Age Group	0 - 19 yrs.	20 - 29 yrs.	30 - 29 yrs.	40+ (a)
Estimated Population (1961)	1449	670	677	2064
No. received only 2 injections Age. " " "	159 10.9	38 5.7	88 12.0	4 (a) 10
No. received only 3 injections Age. " " "	581 40.1	316 47.1	167 24.7	24 (a) 65
No. received 4 injections (b) Age. " " "	350 (b) 24.1	— (b) —	— (b) —	— (b) —
Total Percentage protected	75.1	52.8	37.7	100 (a)

Notes:

- (a) Vaccination restricted to certain priority groups.
- (b) Only children between the ages of 5 and 12 are eligible for the fourth injection.

Water Supplies

Water is supplied to the town by the North Lindsey Water Board. The Water comes from deep bores in the chalk at Barrow-on-Humber. Samples are taken weekly at the source by Mr. Kirk, Public Health Inspector for Barton-on-Humber.

The results of bacteriological examinations of samples are tabulated below.

Presumptive Coli Count	"Raw" water	Chlorinated water
Less than 1 per 100 ml.	98	50
1 to 2 per 100 ml.	11	0
3 to 10 per 100 ml	9	0
More than 10 per 100 ml or B Coli type 1 present	5	0

Chemical analyses of "raw" and "softened" water are given on the next page.

Chemical Analyses of Water.

Barrow Bore.

	Raw water.		Treated (Softened) Water.	
Appearance	Clear and bright		Clear and bright.	
Colour	Colourless		Colourless	
Taste	normal		normal	
Smell	none		none	
Reaction, pH value	7.2		7.2	
Free Carbon Dioxide as CO ₂	13.0	ppm	12.0	ppm
Ammoniacal Nitrogen as N	0.002	ppm	0.006	ppm
Albuminoid Nitrogen as N	0.010	ppm	0.008	ppm
Nitrous Nitrogen as N	None		None	
Nitric Nitrogen as N	4.5	ppm	5.0	ppm
Poisonous Metals (Lead etc)	None		None	
Hardness (Calculated from Mineral Analysis) as CaCO ₃	346.5	ppm	68.0	ppm
Temporary	212.1	ppm	68.0	ppm
Permanent	134.4	ppm	Nil	
Permanganate Figure (4 hours at 80° F.) as O	0.74	ppm	0.29	ppm
Alkalinity as CaCO ₃	212.1	ppm	210.1	ppm
Silica as SiO ₂	6.0	ppm	9.0	ppm
Alumina and Iron Oxide	Nil	ppm	0.4	ppm
Calcium as Ca	135.1	ppm	26.8	ppm
Magnesium as Mg	2.2	ppm	0.25	ppm
Sodium as Na	2.26	ppm	134.72	ppm
Carbonates as CO ₃	127.2	ppm	126.0	ppm
Chlorides as Cl	32.0	ppm	34.0	ppm
Nitrates as NO ₃	19.9	ppm	22.1	ppm
Sulphates as SO ₄	74.9	ppm	81.7	ppm
Iron as Fe	Nil		0.1	ppm
Fluorine as F (by distillation method)	0.15	ppm	0.15	ppm

Probable composition of Mineral constituents:

Silica	6.0	ppm	9.0	ppm
Alumina and Iron Oxide	-		0.4	ppm
Calcium Carbonate	212.14	ppm	66.93	ppm
Calcium Sulphate	106.14	ppm	-	
Calcium Chloride	50.08	ppm	-	
Calcium Nitrate	3.44	ppm	-	
Magnesium Carbonate	-		0.87	ppm
Magnesium Nitrate	13.42	ppm	-	
Sodium Carbonate	-		150.60	ppm
Sodium Chloride	-		56.05	ppm
Sodium Nitrate	8.34	ppm	30.30	ppm
Sodium Sulphate	-		120.82	ppm
Calculated Hardness - Temporary	399.56	ppm	434.97	ppm
Permanent	212.1	ppm	68.0	ppm
Total	134.4	ppm	Nil	
	346.5	ppm	68.0	ppm

Food and Drugs Act. 1955.

Samples of Food taken by the County Health Inspector for Chemical Analysis

Commodity Sampled		No. of Samples analysed
1. Milk		3
2. Preserves		1.
3. Tinned, bottled and dried articles ..		6
4. Alcoholic beverages		1
5. Meat and fish products (not included in item 3)		2
6. Vinegars, pickles, sauces, spices, flavouring and essences		3
7. Miscellaneous		3
8. Medicines and drugs		1
		20

All of the foregoing samples satisfied the prescribed tests.

Milk (Special Designation) Regulations.

The following samples of milk were taken during the year - in the course of delivery -

Tuberculin tested milk (Pasteurised) ..	14
Pasteurised milk	8
Sterilised milk	17

All of the foregoing passed the prescribed test for heat treatment and the keeping quality test.

ANNUAL REPORT OF THE PUBLIC HEALTH INSPECTOR
1961

HOUSING

Total number of new houses erected during the year	...	16.
(a) by the Local Authority	...	...
(b) by other Local Authorities..	...	Nil
(c) by other bodies or persons..	...	9
(d) Number allocated for replacing houses subject to demolition Orders	...	Nil.

HOUSING REPAIRS AND RENTS ACT, 1954 - 57.

Number of certificates of disrepair issued	...	Nil.
--------------------------------------------	-----	------

INSPECTION OF DWELLINGHOUSES DURING THE YEAR.

(a) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts) ...	119
(b) Number of inspections made for the purpose ...	365

REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwellinghouses rendered fit in consequence of informal action by the local authority or their officers.	...	5
-----------------------------------------------------------------------------------------------------------------------------	-----	---

ACTION UNDER STATUTORY POWERS DURING THE YEAR.

1. PROCEEDINGS UNDER PUBLIC HEALTH ACTS.

(a) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied ...	Nil
(b) Number of dwellinghouses in which defects were remedied after service of formal notices ...	
(i) by owners ...	...
(ii) by local authority in default of owners ...	...

2. PROCEEDINGS UNDER THE HOUSING ACTS.

(a) Number of dwellinghouses in respect of which notices were served requiring repairs...	...	...	...	Nil.
(b) Number of dwellinghouses which were rendered fit after service of formal notices:-				
(i) by owners ...	...	...	...	Nil.
(ii) by local authority in default of owners				Nil.
(iii) Number of unfit houses purchased by local authority in accordance with the Housing Acts	...	...	...	Nil.
(c) Number of certificates of dis-repair issued	...			Nil

3. SLUM CLEARANCE - PROCEEDINGS UNDER THE HOUSING ACTS.

(a) Number of dwellinghouses in respect of which Demolition Orders were made (Individual unfit houses only) ...	2
(b) Number of dwellinghouses demolished in pursuance of Demolition Orders (Individual unfit houses only)...	5
(c) Number of dwellinghouses, or parts, subject to Closing Orders ...	2
(d) Number of dwellinghouses, or parts rendered fit by undertakings ...	Nil
(e) Number of dwellinghouses included in confirmed Clearance Orders ...	Nil
(f) Number of dwellinghouses demolished in pursuance thereof...	Nil
(g) Total number of dwellinghouses on which Demolition Orders are operative and which are still occupied except under the provisions of Sections 34, 35 and 36 of the Housing Act, 1957 ...	4
(h) Total number of dwellinghouses occupied under Sections 34, 35 and 46 of Housing Act, 1957 ...	Nil
(i) Houses demolished or closed voluntarily by owners which would otherwise have been the subject of statutory action to secure demolition or closure...	Nil

4. NUMBER OF NISSEN HUTS OR OTHER SIMILAR HUTMENTS

STILL OCCUPIED Nil

5. ESTIMATED NUMBER OF DWELLINGS, EXCLUDING THOSE UNDER PARAGRAPH (4) REMAINING TO BE DEALT WITH UNDER

(a) The Housing Act, 1957, Sections 16 and 18	...	25
(b) The Housing Act, 1957, Section 42	...	23

HOUSING ACTS - OVERCROWDING.

(a) (i) Number of cases of overcrowding relieved during the year...	...	...	...	2
(ii) Number of persons concerned in such cases				18
(b) (i) Number of dwellings overcrowded at the end of the year...	...	...	...	2
(ii) Number of families dwelling therein	...			3
(iii) Number of persons dwelling therein	...			18

HOUSING ACTS 1949 - 1959.

(a) Number of houses for which applications for grants have been received.				
(i) Standard Grants...	...	...	...	9
(ii) Discretionary Grants	...	...	...	1 ++
(b) Number of houses subject to grant				
(i) Standard Grant ...	...	...	...	9
(ii) Discretionary Grant	...	...	...	Nil
(c) Number of houses owned by local authority which have been the subject of grant aid by the Ministry...				54

++ Application later withdrawn.

MOVEABLE DWELLINGS, TENTS, VANS ETC.

(a) Number of site licences	...	...	...	2
(b) Total number of caravans permitted under above licences...	...	...	...	61
(c) Number of inspections during the year - Sites				184
			Caravans	6
(d) Number of contraventions remedied	...	...		1

(e)	Number of sites exempt from licence...	...	...	...	1
(f)	Number of caravans thereon...	...	...	...	10 (max)

PUBLIC HEALTH ACT 1936.

(a)	Number of site licences	...	...	...	...	Nil
(b)	Number of individual licences	...	...	...	...	1
(c)	Total number of moveable dwellings permitted under above licences	...	...	...	...	1
(d)	Number of inspections during the year -	Sites	...	Nil	Dwellings	...
(e)	Number of contraventions remedied	...	...	...	Nil	
(f)	Number of sites exempt from licence...	...	...	...	Nil	
(g)	Number of moveable dwellings thereon	...	...	...	Nil	

FOOD PREMISES IN DISTRICT UNDER PUBLIC HEALTH
ACT, 1936 SECTION 269 (6).

BAKEHOUSES:

(a) Number in district...	...	...	...	...	3
(b) Number of inspections	...	...	...	...	3
(c) Number of contraventions	...	...	...	...	1
(d) Number of defects remedied...	...	...	...	...	1

ICE CREAM

(a) Number of manufacturers on register	...	...	...	Nil
(b) Number of premises licenced for sale of ice cream	...	...	...	21
(c) Number of inspections of premises made	...	...	...	4
(d) Number of contraventions found	...	...	...	Nil
(e) Number of samples taken	...	...	...	Nil

MEAT PRODUCTS

(a) Number of premises registered for manufacture of meat products	...	...	...	...	8
(b) Number of inspections made...	...	...	...	...	3
(c) Number of contraventions found and remedied...	...	...	...	...	1

OTHER FOOD PREMISES

(a) Number of inspections	...	...	...	...	40
(b) Number of contraventions found	...	...	...	...	3
(c) Number of contraventions remedied	...	...	...	...	2

SLAUGHTERHOUSES:

(a) Number licenced - Abattoir type	...	...	...	Nil
	Private (Individual)	...	...	1
(b) Number operated by local authority...	...	...	...	Nil

MEAT INSPECTION

The following tables gives details of meat inspection work carried out during 1961:-

Carcases inspected and condemned in Whole or in Part:-

	Cattle excluding Cows	Cows	Calves	Sheep & Lambs	Pigs.
Number killed:	267	1	2	551	-
Number inspected:	252	1	2	474	-
All diseases except Tuberculosis and Cysticerci:-					
Whole carcases condemned.	-	-	-	3	-
Carcases of which some part or organ was condemned.	7	-	-	-	-
Percentage of number inspected affected with disease other than tuberculosis and cysticerci	2.78	-	-	0.63	-
Tuberculosis only:-					
Whole carcases condemned	-	-	-	-	-
Carcases of which some part or organ was condemned	-	-	-	-	-
Percentage of number inspected affected with tuberculosis	-	-	-	-	-
Cysticercosis:-					
Carcases of which some part or organ was condemned	-	-	-	-	-
Carcases submitted to treatment by refrigeration	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-

OTHER FOODS CONDEMNED:

1 Turkey, 7 lbs. Pork Sausages, 18 lbs. Bacon, 32 lbs. Marshmallow creams, 124 pkts. Marshmallow creams, 1 jar pickled onions, 1 tin Corned Beef, 4 tins Pork Luncheon Meat, 5 tins Shoulder Ham, 1 tin Pilchards, 3 tins Norway Sild, 1 tin Evaporated Milk, 3 tins Rice Pudding, 85 tins Apricots, 4 tins Pineapple, 79 tins Peaches, 2 tins Pears, 1 tin Oranges, 1 tin Fruit Salad, 1 tin French Beans 4 tins Baked Beans and 12 tins of Tomatoes.

ESTIMATED WEIGHTS OF CONDEMNED FOODS:

<u>At Slaughterhouse</u>			<u>lbs.</u>
Tuberculosis only...	...	...	Nil
Other diseases	...	...	337
	Total.....		337
<u>At other premises</u>	...	...	<u>2027</u>
	Grand Total.....		<u>2364</u>

METHOD OF DISPOSAL OF CONDEMNED FOOD

Meat - Hossell, Grimsby.

Other foods - buried at Refuse Tip under supervision.

DRAINAGE AND SEWERAGE

CLOSETS

(a) Number of houses with privy vaults in district...	Nil
(b) Number of houses with pail closets in district...	54
(c) Number of houses with water closets in district..	1349
(d) Number of water closets substituted for pail closets and privy vaults...	4

CESSPOOLS & SEPTIC TANKS

(a) Number of Cesspools and septic tanks emptied, cleansed etc...	...	...	...	25
(b) Number of Cesspools and septic tanks abolished...				2

SEWERAGE AND SEWAGE DISPOSAL

The new Sewage Disposal Works at Redcombe Lane were brought into operation during the latter part of 1961 and were practically completed by the end of the year. The works have been designed to treat the sewage from Wrawby as well as the Urban District of Brigg. In addition, alterations were carried out at the Sunningdale Avenue Sewage Pumping Station, a new rising main laid from this Pumping Station to the Sewage Disposal Works, and the sewers on the Woodbine Housing Estate extended to deal with the sewage from Wrawby.

In addition the new Storm Water Pumping Station near the Old Gasworks at Riverside East was erected and considerable progress made in the construction of new sewers with a view to abating flooding in the Cary Lane and Grammar School Road areas, and excluding from the

Disposal Works flow in excess of 6 D.W.F.

Further consideration was given during 1961 to the sewering of the Westrum Lane area of the town, including the western end of Bigby High Road, and the Council decided to instruct their Consulting Civil Engineers to prepare plans, specifications and estimates for this work, the new sewers to discharge into the existing Pumping Station in Bigby High Road, instead of crossing under the Railway property to discharge into the existing sewer manhole in Bigby Road.

Consideration is also being given to extending the sewer at the eastern end of St. Helens Road, to serve a small estate in the locality.

WATER SUPPLIES

(a) Number of houses supplied from public mains - in houses	1380
- standpipe outside tap ...	16
(b) Number of houses supplied from private sources - in house	5
- not in house ...	2
(c) New source of supply and location - public	Nil
- private	Nil
(d) Number of public supplies closed as - polluted	Nil
- other reasons ...	Nil
(e) Any part of the district requiring a public supply or the replacement of a public supply for public health reasons...	No

SWIMMING POOLS.

(a) Number of swimming pools in operation	...	...	...	1
(b) Number fitted with continuous mechanical filtration and chlorination	...	...	...	1
<p>(This pool is not a public swimming bath, but belongs to the Grammar School).</p>				

GENERAL.

OFFENSIVE TRADES.

(a) Number of premises in the district	...	...	...	2
(b) Number of Inspections ...	...	...	...	2
(c) Number of contraventions remedied ...	...	...	...	Nil

KNACKERS YARDS

Number licenced... Nil

SHOPS ACT, 1950

(a) Number of shops inspected 5
 (b) Number of contraventions remedied Nil

DISINFECTION AND DISINFESTATION

(a) Room or premises disinfected - Infectious disease other
than tuberculosis 1
- Tuberculosis Nil
(b) Number of premises subject to disinfection Nil

REFUSE COLLECTION AND DISPOSAL

NUISANCES

Total number of nuisances during the year 2

DETAILS OF NUISANCES ABATED

(a) Foul ditches, ponds and stagnant water	...	...	2
(b) Drainage	...	...	1
(c) Miscellaneous Nuisances	...	...	2

RODENT CONTROL

(a) Number of premises treated:-

i. Dwellinghouses	...	...	...	30
ii. Other premises	...	...	...	23

(b) Number of rodent operatives employed (Part time) ... 1

(b) Number of Rodent operatives employed (part time)
(c) Service covers domestic, business and agricultural premises subject to reimbursement for treatments at non-domestic properties

ATMOSPHERIC POLLUTION

(a) Number of visits...	...	...	...	...	12
(b) Number of nuisances found..	...	...	...	...	1
(c) Number of nuisances abated	...	...	...	...	1

Rodent Infestation.

Major infestations (in addition to those at the Council Sewage Disposal Works and Refuse Tip, both of which premises were treated from time to time) were found during the summer months on land at Wrawby Road, as a result of which the Council served statutory notices upon the owner and occupier. The attention of the occupier of this land and his contractor was called to the failure to take proper precautions to prevent the escape of rats during threshing operations. Part of the land was also re-infested to a major degree during the latter part of the year.

Slaughterhouses.

The latest date for slaughterhouses in the district to be brought up to the prescribed standards was the 30th June, 1961, but neither of the two slaughterhouses had been brought up to such standards by that date. One slaughterhouse was discontinued and used for other purposes. The owner of the other slaughterhouse submitted proposals for the re-construction, extension and improvement of his premises and undertook to complete the work by the 31st December 1961. The Council approved the proposals and slaughtering temporarily suspended during the execution of the various works, which however had not been completed by the end of the year.

Slum Clearance.

The Council's slum clearance programme has been very much held up as no houses have been built in recent years specifically for the accommodation of persons displaced from condemned properties. The condition of many of the houses in the slum clearance programme has deteriorated very considerably and in certain instances the re-housing of the occupants has become a matter of urgency.

Closet Accommodation.

During the past year, the owners of various properties have been approached from time to time with a view to securing the abolition of the remaining pail closets, and the attention of such owners has also been drawn to the financial assistance available in the form of Standard and Discretionary Grants in respect of the provision of modern amenities, but the response to date has not been very encouraging. The Council may perhaps

in due course give consideration to the withdrawal of the night soil removal service from premises where main drainage is available, but a decision on this matter would presumably have to await progress in the Slum Clearance programme as many of the properties included therein have pail closets.

FACTORIES ACTS, 1937 to 1959

Administration of the Factories Act, 1937.

Part 1 of the Act.

1. Inspections for purposes of provisions as to health (including inspections made by the Public Health Inspectors).

Premises	Number on Register	Number of		
		Inspec- tions	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1,2,3,4 & 6 are to be enforced by local authorities ⁺	10	3	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	55	60	2	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ⁺	3	10	-	-
Total.	68	73	2	-

+ i.e. Electrical Stations (Section 10/(1), Institutions (Section 104) and sites of Building Operations and Works of Engineering Construction (Sections 107 and 108).

2. Cases in which Defects were found.

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases".

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted.
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1.)	1	-	-	-	-
Overcrowding (S.2.)	-	-	-	-	-
Unreasonable temp. (S.3.)	-	-	-	-	-
Inadequate ventilation (S.4.)	-	-	-	-	-
Ineffective drainage of floors (S.6.)	-	-	-	-	-
Sanitary Conveniences (S.7.)					
(a) Insufficient	1	1	-	-	-
(b) Unsuitable or defective.	1	1	-	-	-
(c) Not separate for sexes	1	1	-	-	-
Other offences against the act (not including offences relating to Out-work).	1	1	-	-	-
Total:	5	4	-	-	-

3 - Outwork (Section 110 and 111).

No outworkers were reported in the Urban District during the year.

